



## Facsimile Cover Sheet

Total number of pages including cover sheet		Date
6		June 21, 2001
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<b>From</b>	Name	
	Diana Merritt for Alan Hickman	
	Company	
	Caterpillar Inc., Intellectual Property Department	
	Address	
	100 N.E. Adams Street	
	City, State, Zip	
	Peoria, IL 61629-6490	
	Fax	Telephone
	(309) 675-1236	Diana Merritt

RE: RE: File No.: 00-302

## Message:

Attached please find the Filing Receipt for the above application as well as the New Application Transmittal and Fee Transmittal. Note that total number of claims is incorrect, it should be 15 total claims not 16 as shown on the filing receipt. Please correct and advise when the Filing Receipt has been corrected.

Please feel free to contact me if you have any questions. Thank you for your assistance.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE RECD	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/737,000	12/14/2000	3746	920	00-302	5	18	4

719  
 CATERPILLAR INC.  
 100 N.E. ADAMS STREET  
 PATENT DEPT.  
 PEORIA, IL 616296490

RECEIVED  
 PATENT DEPT.

MAY 23 2001

CATERPILLAR INC.

CONFIRMATION NO. 8479

UPDATED FILING RECEIPT



OC000000006083515

Date Mailed: 05/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Andrew Darley, Bourne, UNITED KINGDOM;

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

UNITED KINGDOM 0001314.4 01/20/2000

**If Required, Foreign Filing License Granted 02/02/2001**

**Projected Publication Date: 08/23/2001**

**Non-Publication Request: No**

**Early Publication Request: No**

**Title**

Engine breather apparatus

**Preliminary Class**

060

JUN. 21. 2001 10:41AM

INTELLECTUAL PROPERTY

NO. 5264

P. 3

Page 2 of 4

Data entry by : GIZAW, ASTER

Team : OIPE

Date: 05/16/2001

Assistant Commissioner for Patents  
Washington, DC 20231  
ATTN: BOX UTILITY APPLICATION

*Sheet 1 of 2*

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
Docket No.: 00-302  
Date: December 14, 2000

U.S. Express Mail Label No.: **EL744439608**

Inventor Name(s):  
ANDREW (NMI) DARLEY

Title:  
ENGINE BREATHER APPARATUS

Fee Transmittal Form Attached in Duplicate

Specification and Claim(s) [Total Pages **21** ]

Drawing(s) [Total Sheets **5** ]

**INFORMAL**

Declaration [Total Pages  ]

Newly Executed (Original or Copy)

Copy From Prior Application (37 CFR § 1.63(d))

Deletion of Inventor(s) (37 CFR § 1.63(d)(2))  
(Signed Statement Attached)

Assignment Papers (Cover Sheet and Document(s))

37 CFR § 3.73(b) Statement (if applicable)  Power of Attorney

English Translation Document (if applicable)

Information Disclosure Statement (IDS)/PTO-1449

Copies of IDS Citations

Preliminary Amendment

Return Receipt Postcard (Specifically Itemized)

Certified Copy of Priority Document(s)

Other

--Continue Next Page--

*Sheet 2 of 2*

If a Continuing Application

Continuation

Divisional

Continuation-In-Part (CIP)

of prior Application No.:

Examiner:

; and

Group/Art Unit:

Cancel Claims:

**For Continuations or Divisional Applications only:** The entire disclosure of the prior application, from which an oath or declaration is supplied, as set forth above, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

Correspondence Address:

Customer Number or Bar Code Label:

719

or

Correspondence address below:

Name:

Address:

City:

State:

Zip Code:

Country:

\*\*\*\*\*

Attorney/Agent: Alan J. Hickman

Registration No.: 29,649

Signature: Alan J. Hickman  
Caterpillar Inc.

Date: \_\_\_\_\_

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. GMA 0651-0232  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEET TRANSMITTAL****for FY 2000**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/02-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

710

**Complete if Known**

Application Number (Unassigned)

Filing Date (Herewith)

First Named Inventor ANDREW (NMI) DARLEY

Examiner Name (Unassigned)

Group / Art Unit (Unassigned)

Attorney Docket No. 00-302

RECEIVED

FEB 14 2002

TECHNOLOGY CENTER R3700

**METHOD OF PAYMENT** (check one)1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.172.  Payment Enclosed: Check  Money Order  Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	710
106	310	206	166	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

710

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
15	0	15	0
Independent Claims	2	80	80
Multiple Dependent	4		

\*\* or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	Fee Paid	
103	18	203	9	Claims in excess of 20	
102	78	202	30	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

0

Reduced by Basic Filing Fee Paid

SUBTOTAL (2) (\$)

0

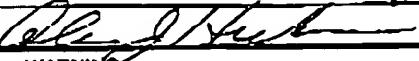
Complete if applicable

**SUBMITTED BY**

Name (Print/Type) Alan J. Hickman

Registration No. 29,649

Telephone (309) 675 4517

Signature 

Date 12/14/2000

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